


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000006312 1. Entity Name WILMINGTON FINANCE, INC.	
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Principal Place of Business 401 PLYMOUTH ROAD, STE. 400 ATTN: CARL LUTZ PLYMOUTH MEETING, PA 19462	Mailing Address 401 PLYMOUTH ROAD, STE. 400 ATTN: CARL LUTZ PLYMOUTH MEETING, PA 19462
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0356097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EGAN, DANIEL JAMES 401 PLYMOUTH ROAD, STE. 400 PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HAYES, TIMOTHY H 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP LUTZ, CARL P 401 PLYMOUTH RD PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO SCHIANO, JERRY 401 PLYMOUTH ROAD, STE. 400 PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDRIX, BEN D 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROACH, GEORGE 195 RIVER BEND DR CHARLOTTESVILLE, VA 22911

U00000004587  
01/15/04-80013-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel J. Egan Daniel J. Egan  
CEO/SVP  
1/13/04 610-943-2895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #